

APR 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Lawsen
City Lawsen (No. _____) St. _____ Ward _____

Registration District No. 742
Primary Registration District No. 5977

File No. 13155
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 18497. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
87 5 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Usual housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY13. NAME John A. Girds14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY15. MAIDEN NAME Leontine Knowlton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leontine Knowlton17. INFORMANT (ADDRESS) Ed Brown

18. BURIAL, CREMATION, OR REMOVAL

PLACE LAWSON DATE April 1st 193719. UNDERTAKER (ADDRESS) LAWSON20. FILED Mar 31, 1937 Eduin Skonec Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th 193722. I HEREBY CERTIFY, That I attended deceased from March 26th 1937 to March 30th 1937I last saw her alive on March 30th 1937. Death is saidto have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Shock - fracture 4th rib posteriorly, probably related injuries
Date of onset 3/26/37

Other contributory causes of importance:

Name of operation Seuclity Date of 3/26/37What test confirmed diagnosis? Celoid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/26 1937Where did injury occur? Lawsen, Ray Co., Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

One street of Lawsen, Mo.Manner of injury fall from tree in some wayNature of injury caused the fall, fractured Rib, probably internal injuries24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Eduin Skonec, M. D.(Address) Lawsen, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

